



DOCKET NO. G00631. \_\_\_\_\_

### DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**“AN INTEGRATED MOS ONE-WAY ISOLATION COUPLER, A METHOD FOR ONE-WAY COUPLING AN INPUT SIGNAL TO AN INTEGRATED CIRCUIT, AND A SEMICONDUCTOR CHIP HAVING AN INTEGRATED MOS ISOLATION ONE-WAY COUPLER LOCATED THEREON”**

the specification of which is attached hereto unless the following is checked:

☐ was filed on \_\_\_\_\_, as Application No. \_\_\_\_\_, Confirmation No. \_\_\_\_\_, bearing attorney docket No. \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§119(a)-(d) or (f) and/or 35 U.S.C. §365(a) or (b) of any foreign application(s) for patent, PCT international application(s) designating at least one country other than the United States, inventor's certificate, or application(s) for plant breeder's rights listed below, and have also identified below any foreign application for patent, PCT international application, inventor's certificate and applications for plant breeder's rights having a filing date before that of the application on which priority is claimed:

			Priority Claimed	Certified Copy Attached?
			YES NO	YES NO
_____ (Number)	_____ (Country-if PCT, so indicate)	_____ (DD/MM/YY Filed)	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
_____ (Number)	_____ (Country-if PCT, so indicate)	_____ (DD/MM/YY Filed)	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>60/427,993</u> (Application Number)	<u>21/11/2002</u> (filing date)
_____ (Application Number)	_____ (filing date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

U.S. Non-Provisional Application(s)

(Application No.)	(filing date)	(status-patented, pending, abandoned)
-------------------	---------------	---------------------------------------

PCT International Applications designating the United States:

(PCT Appl. No.)	(U.S. Ser. No.)	(PCT filing date)	(status-patented, pending, abandoned)
-----------------	-----------------	-------------------	---------------------------------------

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

☒ Customer Number:



**23628**

AND

☒ Practitioner(s) named below:

Name	Registration Number
Steven J. Henry	27,900

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ Direct all correspondence to the above-mentioned customer number

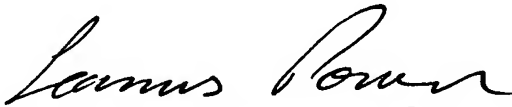
OR

☐ Correspondence address below:

ATTORNEY'S NAME					
FIRM NAME					
ADDRESS					
CITY		STATE		ZIP	
COUNTRY		TELEPHONE		FAX	

Address all telephone calls to Steven J. Henry at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



1/12/03  
Date

**Inventor's signature**

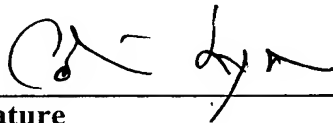
Full name first inventor: James Anthony Power  
Citizenship: Irish  
Residence: 2 Ard Lua, Balina, Killaloe, County  
Clare, Ireland.  
Post Office Address: 2 Ard Lua, Balina, Killaloe, County  
Clare, Ireland.



1-12-03  
Date

**Inventor's signature**

Full name second inventor: Michael Anthony O'Neill  
Citizenship: Irish  
Residence: "Radharc Na Coille", Corbally,  
Mungret, County Limerick, Ireland.  
Post Office Address: "Radharc Na Coille", Corbally,  
Mungret, County Limerick, Ireland.



10/12/03  
Date

**Inventor's signature**

Full name third inventor: Colin Gerard Lyden  
Citizenship: Irish  
Residence: The Cove, Baltimore, County Cork,  
Ireland.  
Post Office Address: The Cove, Baltimore, County Cork,  
Ireland.